

Well Baby Visit - Four Months

Date: _____ Weight: _____ Length: _____ Head size: _____

PARENTING AND BEHAVIORAL

- This is an enjoyable time for you and your baby. He is more fun and less work. He is exploring more and trying to make contact with his surroundings.
- Continue to hold, cuddle, talk to, sing to and rock your baby as much as you can. Every interaction stimulates brain development. She needs an interested audience and a chance to use her new skills.
- Interact with your baby. Play "peek-a-boo" or "pat-a-cake".
- Now is the time to think about getting your baby a playpen and some suitable toys to keep him entertained. Your baby can entertain himself for short periods of time. Place your baby on his stomach on the floor or in a playpen, and put bright toys (rattle, plastic cup, blocks) where the baby can see and reach them. Avoid toys with sharp edges or removable parts that your baby can swallow.
- Read brightly colored books to your baby. Reading is important to succeed as an adult and you cannot start early enough.
- Since the 4-month-old infant is more active, spitting up is common at this age, so have a good supply of absorbent bibs to protect your baby's skin and clothing from being constantly wet.
- Parents need to keep in contact with friends and family to avoid social isolation.
- The 4-month-old infant is beginning to settle in by establishing regular sleeping and feeding cycles. She is also showing endless interest in her environment.
- The American Academy of Pediatrics advises against the use of infant walkers. They are an established safety hazard and can possibly lead to delays in motor development. Better to let your baby pull and wiggle, and learn to crawl and explore. The use of play saucers, though, is safe and entertaining.

DEVELOPMENT

Your 4 month old should be able to:

- Roll over from tummy to back (occasionally from back to front, as well).
- Hold her head up high and steady when upright, as well as when lying on tummy.
- Sit with support.
- Play with his hands, bat at mobiles and reach for rattles. (Any object he holds goes directly into his mouth.)
- Spend long minutes looking at and touching her own hands.
- Squeal, coo, laugh, babble, and get excited.
- Begin to notice the difference between parents and strangers. Most babies this age will show a clear preference for parents and other caregivers. They will turn toward a sound and recognize their parents' voices.
- Begin to learn cause and effect (e.g. she shakes a rattle and it makes noise, you wind the mobile and it begins to move, etc.)

FEEDING

- Feeding times may become interesting! Your baby will begin responding to all the sights and sounds of his environment. Frequently, the baby may become so interested in his world that he may refuse to settle down to eat. He will take a few swallows of formula or breast milk and then stop to see what is going on in the room.
- Never put your baby to bed with a bottle or prop it in his mouth.
- Most pediatricians recommend starting solid foods sometime between ages 4 and 6 months. Breast milk or iron fortified formula is still your baby's most important source of good nutrition and calories. If your baby sits well when supported, holds her head up, and seems to be hungry, it may be time to begin cereal. Begin with infant rice cereal. Mix a couple of teaspoons with breast milk or formula until it becomes a thin soup. Place the spoon about half way back on the baby's tongue to teach swallowing. As your baby gets the hang of it, increase the thickness and amount of the cereal. If your baby pushes the solid food out of her mouth, it does not necessarily mean she does not like what you are giving her. Babies have a tongue reflex that causes them to push anything out of their mouth; if this tongue thrust occurs with every cereal feeding for a few days, she may not be ready for solids yet.

- ⇒ If you decide to begin cereals, use plain, dry baby cereals in a box or can. The “wet” jar cereals of those mixed with fruit have lower iron and protein sources. The following guidelines may help:
 - ❖ For your four month old baby:
 - Breast Milk or Formula: 28-32 ounces each 24 hours, including what is used for cereal.
 - Rice Cereal: Start with one teaspoon per day and build up to 2 to 3 tablespoons per day. Mix 1.5 - 2 tablespoons of formula or breast milk with each tablespoon of rice cereal.
 - ❖ For your five month old baby:
 - Breast Milk or Formula: 26-30 ounces each 24 hours, including what is used for cereal.
 - Cereals: Up to 3 to 4 tablespoons two times a day. You may try rice, barley, and oats.
- Teach your infant to eat from a small spoon. It helps development and coordination. Babies often act as though they don't like the taste of a new food; actually they are learning new textures and tastes. Do not use an infant feeder or put cereal in a bottle with the formula, unless instructed by your provider, as this is a choking hazard and also tends to cause overfeeding which can lead to spitting up or being overweight.
- The American Academy of Pediatrics recommends that fruit juice should not be given until 6 months of age. Resist desserts, puddings, punches, and soft drinks. They only add wasted calories and spoil your baby's appetite for more nutritious foods.
- Don't add new foods too quickly. Use only one new food for a few days in a row. Watch out for a rash, vomiting, or diarrhea as a reaction to a new food. If one of these occurs, stop the new food and wait at least a month before trying it again. Do not feed your baby mixtures of different foods, like mixed cereals, until you have tried all the foods in the mixture one at a time.
- It is now recommended that all breastfed infants be supplemented with Vitamin D (which can be found in appropriate amounts in any infant multivitamins).
- Remember, all babies are different. This is only a guide to introduce foods. Don't force foods upon a baby who acts full.
- Between now and the next checkup, many babies begin to drool more. This is quite common and does not necessarily indicate early teething. It is probably due to a lot of saliva that the baby has not yet learned to swallow.

IMMUNIZATIONS

- Comvax [*Haemophilus influenza* Type b (Hib) and Hepatitis B Virus (HBV) combined] Vaccine #2
- Diphtheria, Tetanus, Acellular Pertussis (DTaP) Vaccine #2
- Inactivated Poliovirus (IPV) Vaccine #2
- Prevnar (*Streptococcus pneumoniae*) Vaccine #2
- Ask your baby's doctor about possible side effects (fever, irritability, tenderness over the injection site).
- Make sure you get the Vaccine Adverse Reaction sheets on the immunizations your baby receives.

SAFETY

- Now that your baby is more active, you need to be very careful not to leave the child anyplace high. Always keep one hand on the baby and never turn your back, even for a second, when you put your infant on a sofa, bed, or changing table. Your baby demands your full attention. Encourage play alone in the playpen, where it is safe.
- Continue to use an infant car seat that is properly secured at all times in the back seat, facing the rear of the car. The middle of the back seat is the safest place for your baby.
- If your home uses gas appliances, install and maintain carbon monoxide detectors.
- Continue to keep the baby's environment free of smoke, since smoke exposure can lead to increased risk of upper respiratory infections, ear infections, and burns. Keep the home and car nonsmoking zones.
- Do not drink hot liquids, or smoke while holding the baby.
- Remember, everything a 4-month holds goes into his mouth, so keep toys with small parts and other small objects out of reach. Warn siblings to keep these objects away from their little baby brother.
- In the next months, your baby will become increasingly mobile and able to get into everything. Be careful.

SLEEP

- Always put your baby to sleep on her back. Alternate the end of the crib where you place her head so your baby does not always sleep with her head on one side. If you wake up and find your baby has rolled over onto her stomach, don't panic. If the child can roll over, she is at a reduced risk for SIDS (Sudden Infant Death Syndrome).

- Encourage your baby to console himself by putting him to bed awake, but drowsy. Teach your 4 month-old self-soothing techniques by providing him with a transition object, such as a stuffed animal, blanket or favorite toy.
- Establish a bedtime routine and discourage night awakening. Babies often awaken during the nighttime at this age. If your baby does awaken, go check on her briefly (with minimal stimulation, such as voices, lights, etc.), and walk out of the room. If she continues to cry, you can check on her in gradually increasing intervals (5 minutes, 10 minutes, 15 minutes, etc.), until she puts her self back to sleep. Habits take about 2-3 weeks to break, so if she is accustomed to having you there when she falls asleep, it will take her about 2-3 weeks to learn to self-soothe. Do not resume feeding your baby a bottle at night or encourage the baby to get up and play. Do not allow your baby in your own bed to quiet her.
- If at all possible, your baby needs his own bed and bedroom. Parents will be less disturbed by the baby's nighttime crying and early morning awakenings.

STOOLING

With more solid foods, stools may change appearance and/or frequency. The color may also change with some foods.

TEETHING

- Babies drool at this age, especially as they explore all objects by placing them in their mouths.
- Usually teething begins between 5 and 9 months. Teething does not usually cause high fever or watery diarrhea. It may cause fevers less than 102 ° F, drooling, loose stools, and fussiness.
- Offer a cold wet cloth or cold teething ring for comfort. Tylenol drops in appropriate doses may also help.

WHEN TO CALL THE DOCTOR

- Anything that bothers you!
- Poor weight gain.
- Your baby seems stiff or floppy.
- Disinterest in eating.
- Inability to hold a rattle, or no babbling.
- Eyes are crossed most of the time.
- You have not seen any developmental changes since the last checkup.

NEXT APPOINTMENT

- At 6 months old
- Call the appointment line 2-3 weeks in advance to set up an appointment

IMPORTANT PHONE NUMBERS

- Tricare Nurse Advice Line: 1-888-887-4111
- Nurse Triage Line 556-CARE
- Clinic appointment desk: 264-5000
- Clinic phone number: 556-1140/1141
- Emergency: 911
- Poison Control 1-800-332-3073